FILED

Ohio Campaign Finance Report AN 28 PM 3: 59 Prescribed by Secretary of State 3/05

		<u> </u>		30%	เสว ก	FFI		1	
Full Name of Committee		Registration Number, if PACY							
Friends of Metro Pa		N/A							
Full Name of Candidate									
N/A									
Street Address			Office Sought				District		
1155 Woodman Drive	<u>e</u>		N/A				N/	Α	
Cıty				St	ate	Zıp Cod	e		
Worthington				0	H	430	85		
Type of Rendi (alice X to the left of report	Pre-Primary	Post-Primary	Pre-General		Post-Ger	ieral	Х	Annual Year	
(place X to the left of rupor	July	August	September					Semiannual	
tyrel.	Monthly	Monthly	Monthly		Terminat	non			
Amended Report?	Report Electronically filed?		All the second	M		I D		Y	
☐ Yes ☑ No		Yes 🛂 No	Date of Election and	0	5	0	5	lo. 9	9

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box No other forms are required at a post-primary or post-general period, if above statement applies See R C 3517 10(H) for details

Amountains as a search from last room.	\$ 10,355.01
2. Total suggestary contributions (Prom. form No. 31-47	\$ 3,000.00
3. Lad our name (From Four to State)	200.00
To be stander a particular form of times 1, 2, 3)	\$ 13,555.01
Total transfery expenditures (Fig. 18 of the 31-45)	\$ 140.15
Same Supplemental Control of the Con	\$ 13,414.86
Value (in-kind contributions received (Bishin Four S) 31446	\$
Falle on the Sand Street, and Spirit Street, Spirit	\$
Our count dogs owed by semantics (Pront opp No. 31-C)	\$
U. Outstanding hours own by committee (From Faunce 20.31.10)	\$
Substanting child owed to Millimited From Born No. 31-K.)	\$
Value 1 independent expenditure that 2 few print No. 31-17	\$
Sum of thes 2.74 and amount of any new loans recipied this period.	\$

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE J. B. Hadden, Treasurer Print Name and Title (Treasurer and Deputy Treasurer only) Signature Contribution Total Expenditure Other pages

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full												
Friends of Metro Parks												
Full Name of Contributor				Registration Number, if PAC								
Civil & Environmental Consultants Inc	C.			1	Вили			,		.0		
Street Address Employer/Occupation/Labor Organization*					Form (Cash, Check, etc)							
8740 Orion Place, Suite 100		-	•							Check		
City	Sı	tate	Zıp Code	1	м	П	-	7	7	Amount		
Columbus	Ιo	H	43240	I٥	7			l۵	9	500.00		
Full Name of Contributor		·			gistra							
Limitedbrands				İ	_							
Street Address	Employe	er/Occupa	ation/Labor Organization*	Form (Cash, Check, etc)								
Two Limited Parkway										Check		
City	State Zıp Code			M D Y					,	Amount		
Columbus	0	H	43230	10	7	1	4	lo	9	2,500.00		
Full Name of Contributor					gistra							
Street Address	P1	-/0		L								
Succe Address	Employe	er/Occupa	ation/Labor Organization*							Form (Cash, Check, etc.)		
City	St	ate	Zıp Code	N	M	E	, 	Y	,	Amount		
	1	1		1	1		1		1			
Full Name of Contributor				Re	gıstra	tion 1	Num	ber, 1	f PA	С		
Street Address												
oneer Address	Employer/Occupation/Labor Organization®				Form (Cash, Check, etc)							
City	St	ate	Zip Code	N	И.	D)	Y		Amount		
	<u> </u>			_								
Full Name of Contributor				Re	gıstra	tion l	Num	ber, ı	f PA	C		
Street Address Employer/Occupation/Labor Organization*									_	Form (Cash, Check, etc.)		
	1	-	•							, , , , , , , , , , , , , , , , , , , ,		
City	St	ate	Zıp Code	ΤN	1	D	,	Y		Amount		
	1			İ								
Full Name of Contributor	•			Reg	gistra	tion l	Vum	ber, r	f PA	С		
Street Address	Employer/Occupation/Labor Organization*					Form (Cash, Check, etc.)						
City	Str	ate	Zıp Code	I	4	D	_	Y		Amount		
			Zip code	"	' . 	ΙΊ	ĺ	١		Amount		
Full Name of Contributor				Rec	gistra	tion N	Juml	er i	ΈΡΔ			
				ı	5131141	uon 1	- WILL	JOI, 11	ını			
Street Address	Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.)								
City	Sta	ate.	Zip Code	I M	,	D		Y	_	Amount		
		10	Zip Code	"		ווו		1		Amount		
Full Name of Contributor				Reg	ustrat	tion N	lumb	er, if	PAC	C		
Street Address	Employer/Occupation/Labor Organization*								_	Form (Cash, Check, etc.)		
							,, ,,					
City	Zıp Code	М	•	D		Y	┪	Amount				
					1_				1			

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R. C. 3517.10(B)(4)]

Page Total \$ 3,000 00

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Page	<u>ı</u>

Statement of Other Income

Prescribed by Secretary of State 2/01

							-	
Name of Committee in Full		<u> </u>	_					
Friends of Metro Parks						1		
Full Name			Registrat	tion Num	ber, if	PAC		
Huntington Merchant Services				-				
Address	Type*		М	D	Y	Amount		
41 South High Street	RIE		0 7	2 0	0	9	200.00	
City	State	Zip Code		ash,Check				
Columbus	$O \mid H$	43215	Acct credit					
Fuli Name			_	tion Num				
• ··· · · · · · · · · · · · · · · · · ·			~~~~		,			
Address	Type*		М	D	Y	Amount		
14 Marie VIII	1,740		i i	1	l î	1		
City	State	Zip Code	Form(Ca	ash,Checl	k_etc)			
City	Jaile	Esp Code	1(, -1166	.,)			
Ed Name		<u> </u>	Registra	tion Ni	her -e	'PAC		
Full Name			Legistra	LIUH NUIT.	.vu, II			
Allen			1/		177	Amount		
Address	Type*		M	D	Y	Amount		
		7.0:			لبا			
City	State	Zıp Code	rorm(Ca	ash,Checl	k,etc)			
		<u>i</u>	 -			· DAG		
Full Name			Registra	tion Num	nber, if	PAC		
			<u></u>					
Address	Type*		M	D	Y	Amount		
City	State	Zıp Code	Form(Ca	ash,Checl	k,etc)			
		<u></u>						
Full Name			Registra	tion Nur	ıber, ıí	PAC		
Address	Type*		M	Ď	Y	Amount		
						1		
City	State	Zıp Code	Form(Ca	ash,Chec	k,etc)			
			1		•			
Full Name			Registration Number, if PAC					
			1					
Address	Type*		М	D	Y	Amount		
- · · · · · · · · · · · · · · · · · · ·								
City	State	Zıp Code	Form(C	ash,Chec	k,etc)			
<i>,</i>	1			,	,			
Full Name		1	Registra	tion Non-	ıber '	'PAC		
run Maliic			Lugiana	v.ı 17Uil	ve, il			
Address	Type*		M	D	ΤΥ	Amount		
Address	1 ype		141	l í	'			
C		Zin Code	Fo/C	ash,Chec	l deal			
City	State	Zıp Code	1 om(C	asii,CiiCC	(۱۱۱۲م			
		<u> </u>	- lp · ·	tion 37	sher '	PAC.		
Full Name			Kegistra	tion Nun	noer, n	PAC		
			1	T ~	T			
Address	Type*		M	D	Y	Amount		
					لــــــــــــــــــــــــــــــــــــــ			
City	State	Zıp Code	Form(Ca	ash,Chec	k,etc)			
		<u></u>						

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received, RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made

Page Total \$ ______________________

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Friends of Metro Parks			
To Whom Paid		M D Y Amount	
Huntington National Bank		0 6 1 5 0 9	20.00
Address	Purpose		
41 South High Street	Monthly checking accou	ınt fee	
City	State Zip Code	Check Number	
Columbus	0 H 43215	N/A	
To Whom Paid		M D Y Amount	
Huntington National Bank		0 7 1 5 0 9	20.15
Address	Purpose	10 , 11 0 0 , 1	20.12
41 South High Street	Monthly checking accou	ınt fee	
City	State Zip Code	Check Number	
Columbus	O H 43215	N/A	
To Whom Paid	10 10-10	M D Y Amount	
Huntington National Bank		0 8 1 7 0 9	20.00
Address	Purpose	0 0 1 7 0 7	
41 South High Street	Monthly checking accou	int fee	
City	State Zip Code	Check Number	
Columbus	H 43215	N/A	
To Whom Paid	() 11 40210	M D Y Amount	
Huntington National Bank		0 9 1 5 0 9	20.00
Address	Purpose	0 9 1 3 0 9	20.00
41 South High Stret	Monthly checking accou	ent foo	
City		Check Number	
Columbus	State Zip Code 43215		
To Whom Paid	() 11 43213	N/A	
		M D Y Amount	20.00
Huntington National Bank	Purpose	1 0 1 5 0 9	20 00
	1 -	unt Coo	
41 South High Street	Monthly checking accou		
Columbus	State Zip Code	Check Number	
To Whom Paid	O H 43215	N/A	
		M D Y Amount	20.00
Huntington National Bank		1 1 1 6 0 9	20.00
Address	Purpose		
41 South High Street	Monthly checking accou		
City	State Zip Code	Check Number	
Columbus	O H 43215	N/A	
To Whom Paid		M D Y Amount	
Huntington National Bank		1 2 1 5 0 9	20.00
Address	Purpose	_	
41 South High Street	Monthly checking accou	nt fee	
City	State Zip Code	Check Number	
Columbus	O H 43215	N/A	
To Whom Paid		M D Y Amount	
Address	Dumore		
Lumess	Purpose		
City	State Zip Code	Check Number	